

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
Application for Dealer Plates

General Instructions

- Complete form and return to the Dealer/Fleet unit
- Make check or money order payable to Division of Motor Vehicles
- If paying by credit card attach credit card agreement

☐ RENEWAL

☐ NEW PLATES

☐ REPLACEMENT

Dealer Number

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Dealership

Dealership name: _____ Date: _____

Mailing Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Renewal

Plate Numbers: _____

New Plates

Requesting first time plates?

YES

NO

☐

☐

Do you have fleet insurance?

YES

NO

☐

☐

Policy # _____ Company _____

How many plates would you like? _____

Replacement

Plate Numbers to
replace: _____

Disclaimer and Signature

I am familiar with the motor vehicle dealer licensing laws and other laws of Alaska governing the conduct of persons in the motor vehicle industry and will cooperate accordingly.

I certify under penalty of perjury that the above information is correct and complete. I further certify that my business, as reported on this application, is in compliance with all laws and statutes regarding trade and business practices.

Signature: _____ Date: _____